



REC/2685
Inv #

PTO/SB/17 (11-04)
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FEE TRANSMITTAL for FY 2005 <small>Effective 10/01/2004. Patent fees are subject to annual revision.</small>		Complete if Known	
		Application Number	09/773,953-Conf. #9136
		Filing Date	February 1, 2001
		First Named Inventor	Hiroshi Ono
		Examiner Name	D. M. Nguyen
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2685
TOTAL AMOUNT OF PAYMENT		Attorney Docket No.	Y0647.0137/P137

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																											
<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card	2. EXTRA CLAIM FEES <table border="1"><thead><tr><th>Fee Description</th><th>Fee (\$)</th><th>Small Entity Fee (\$)</th></tr></thead><tbody><tr><td>Each claim over 20</td><td>18</td><td>9</td></tr><tr><td>Each independent claim over 3</td><td>88</td><td>44</td></tr><tr><td>Multiple dependent claims</td><td>300</td><td>150</td></tr><tr><td>For Reissues, each claim over 20 and more than in the original patent</td><td>18</td><td>9</td></tr><tr><td>For Reissues, each independent claim more than in the original patent</td><td>88</td><td>44</td></tr><tr><td colspan="3">Total Claims Extra Claims Fee (\$) Fee Paid (\$)</td></tr><tr><td colspan="3">- 20 or HP = x =</td></tr><tr><td colspan="3">HP= highest number of total claims paid for, if greater than 20</td></tr><tr><td colspan="3">Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)</td></tr><tr><td colspan="3">- 3 or HP = x =</td></tr><tr><td colspan="3">HP= highest number of independent claims paid for, if greater than 3</td></tr><tr><td colspan="3">Multiple Dependent Claims Fee (\$) Fee Paid (\$)</td></tr><tr><td colspan="3">Subtotal (2) \$ 0.00</td></tr></tbody></table>		Fee Description	Fee (\$)	Small Entity Fee (\$)	Each claim over 20	18	9	Each independent claim over 3	88	44	Multiple dependent claims	300	150	For Reissues, each claim over 20 and more than in the original patent	18	9	For Reissues, each independent claim more than in the original patent	88	44	Total Claims Extra Claims Fee (\$) Fee Paid (\$)			- 20 or HP = x =			HP= highest number of total claims paid for, if greater than 20			Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)			- 3 or HP = x =			HP= highest number of independent claims paid for, if greater than 3			Multiple Dependent Claims Fee (\$) Fee Paid (\$)			Subtotal (2) \$ 0.00		
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Deposit Account Number	50-2215																																												
Deposit Account Name	Dickstein Shapiro Morin & Oshinsky LLP																																												
The Director is authorized to: (check all that apply)																																													
<input type="checkbox"/> Charge fee(s) indicated below																																													
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<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17																																													
<input checked="" type="checkbox"/> Credit any overpayments																																													
To the above-identified deposit account.																																													
<input type="checkbox"/> Other (please identify):																																													

FEE CALCULATION			
1. BASIC FILING FEE			
Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
Utility Filing Fee	790	395	
Design Filing Fee	350	175	
Plant Filing Fee	550	275	
Reissue Filing Fee	790	395	
Provisional Filing Fee	160	80	
Subtotal (1) \$		0.00	
3. OTHER FEES			
Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid
1-month extension of time	110	55	
2-month extension of time	430	215	450.00
3-month extension of time	980	490	
4-month extension of time	1,530	765	
Request Continued Examination	790	790	790.00
Information disclosure stmt. Fee	180	180	
37 CFR 1.17(q) processing fee	50	50	
Non-English specification	130	130	
Notice of Appeal	340	170	
Filing a brief in support of appeal	340	170	
Request for oral hearing	300	150	
Other: Processing Fee			
Subtotal (3) \$		1,240.00	

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	45,755
Name (Print/Type)	Robert G. Gingher	Telephone	(212) 835-1429
		Date	December 15, 2004